

# Welcome to

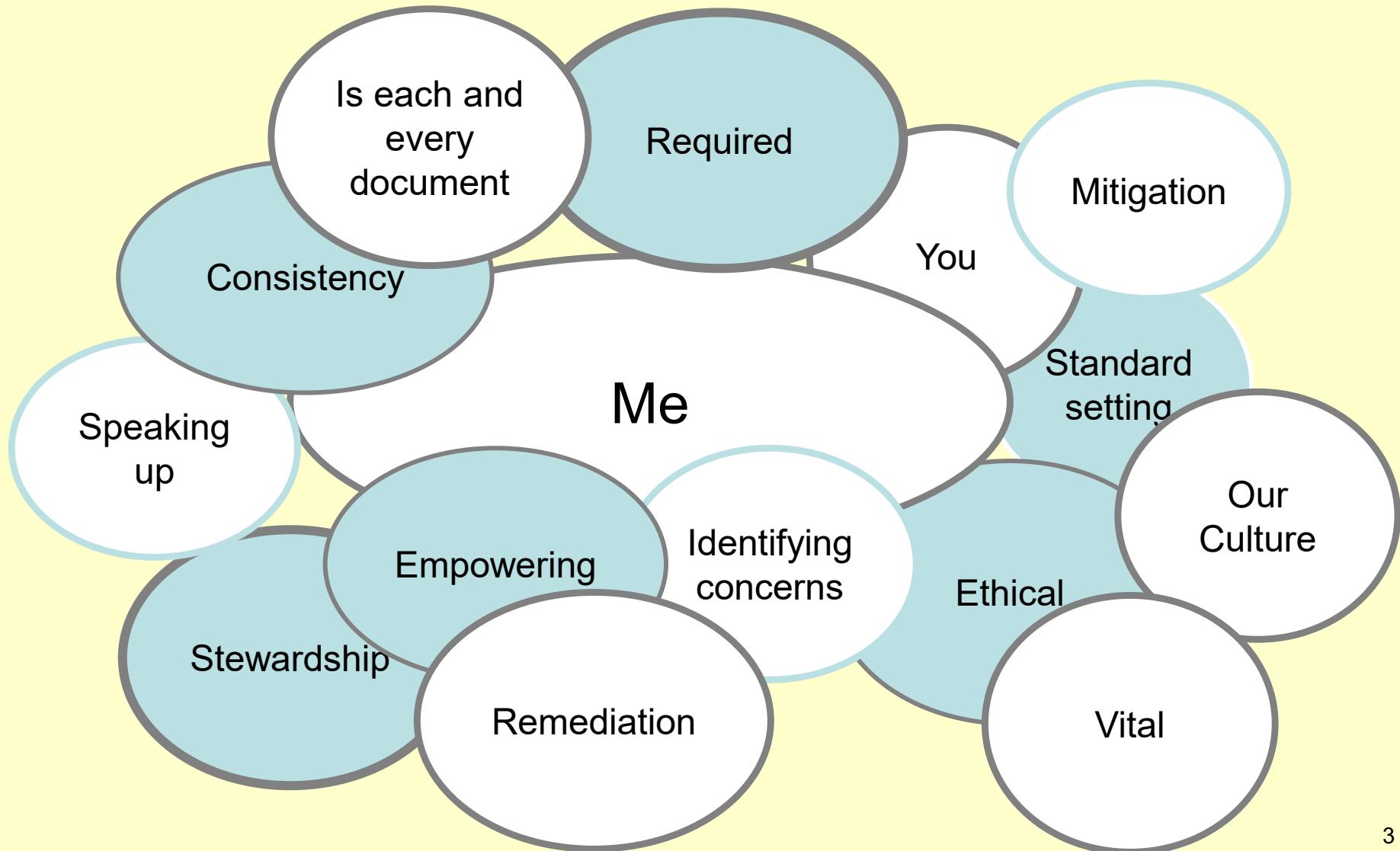


# Compliance Training

# Training Outline

1. Compliance Program, ethics and compliance principles at AHRC NYC.
2. Some of the applicable laws that determine how we do what we do.
3. Consequences of noncompliance.
4. Reporting compliance concerns.

# Compliance at AHRC NYC is:



# Compliance at AHRC NYC means

Adhering to the rules, this is how we have been able to improve  
*the lives of tens of thousands,*  
*for the past 75+ years.*

We:

1. try to avoid making a mistake by double checking documentation and following procedures.
2. own up to mistakes, speak with the right person and follow steps to mitigate consequences.
3. teach others what we have learned.

# You show your when you:



follow agency & government regulations



report suspected fraud, waste & abuse of government funding



maintain your high standards



take responsibility in the prevention of fraud, waste & abuse of taxpayer dollars



admit an error, they happen

# AHRC NYC's Corporate Compliance Program

As a human services agency who receives Medicaid/Medicare dollars, AHRC NYC is required to have a robust Corporate Compliance Program which adheres to the seven essential compliance elements as defined by the Department of Health and Human Services Office of the Inspector General.

AHRC NYC's Corporate Compliance Program Policy and Procedures may be accessed either on the AHRC NYC Portal under the *Policy and Procedure Manual* Tab (<http://home.ahrcnyc.org/default.asp?dept=pol>) or on the AHRC NYC website under *Compliance and Ethics* (<https://www.ahrcnyc.org/compliance-practices/>)

# Seven Essential Compliance Elements

\*\*The seven essential elements which govern AHRC NYC's Corporate Compliance Program are:

**Element One:** Written standards, policies and procedures to prevent and detect fraud, waste, abuse and criminal conduct

**Element Two:** The Vice President of Corporate Compliance, (VPCC) , Sandra Moody serves as the chief compliance officer and be responsible for the day-to-day operation of the Corporate Compliance Program and for fostering an environment of compliance. AHRC NYC also has an agency-wide Corporate Compliance Committee whose membership includes key personnel from each department and agency leadership. The committee meets quarterly to discuss, review, and assess compliance subject matters, reporting to the agency CEO on a regular basis.

**Element Three:** Training and education of all affected parties, including all staff, board members, interns, contractors, on compliance issues, expectations and the compliance program.

\*\* more details on the seven essential elements can be found on the AHRC NYC web site at  
<https://www.ahrcnyc.org/compliance-practices/compliance-policy-procedure/>

# Seven Essential Compliance Elements

The seven essential elements continued:

**Element Four:** Communication lines to the chief compliance officer are in place. These allow people supported, family members, staff, the general public etc. to anonymously report compliance concerns or have compliance questions addressed. These are the Compliance hotline, (212-780-4485), and the *Compliance Violation Report form* on the AHRC NYC web site, (<https://www.ahrcnyc.org/compliance-practices/submit-a-compliance-violation-report>).

Messages left go directly to the corporate compliance office.

**Element Five:** Disciplinary procedures and incentives to encourage good faith participation in AHRC NYC's Compliance Program by all affected parties are in place. Disciplinary standards are applied in a fair and consistent manner.

**Element Six:** A system for routine identification of compliance risk areas, including monitoring and auditing to detect criminal conduct is in place.

**Element Seven:** A system to responding to compliance issues when raised, which includes reporting, investigating and correcting problems.

# False Claims Act and the Deficit Reduction Act

The **False Claims Act** prohibits knowingly or negligently submitting false claims.

Doing so = huge financial penalties (ranging between \$14,308 and \$28,619 for each claim) plus three times the amount of the original false claim.

If it was your job to know, the government holds you responsible.

The **Deficit Reduction Act (DRA)** requires Medicaid-funded entities to establish written policies for employees that outline the False Claims Act, applicable state laws, and whistleblower protections related to fraud, waste, and abuse. These policies must also describe the organization's internal procedures for detecting and preventing such misconduct and be included in the employee handbook.

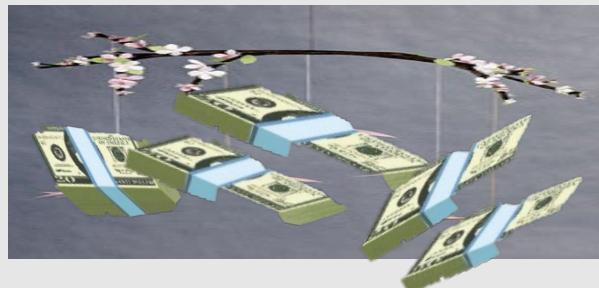
**Everyday ethical practices = Less daily compliance risk**

# The Federal Government says **filing a False Claim is** when you:

- ✗ bill for services that were not provided.
- ✗ provide & bill for unnecessary services.
- ✗ bill for a time period longer than the service was provided.
- ✗ complete documentation with little or no factual basis.
- ✗ fail to document the actual time spent on a service.

✗ keep poor records.

**Just to name a few...**



# Consequences of noncompliance:

A **false claim**

=

huge financial penalties (ranging between \$14,308 and \$28,619 for each claim) plus  
three times the amount of the original false claim

=

lost opportunities

for the people we support

for our colleagues,

for ourselves

(State Exclusion List; civil and criminal liabilities),

loss of reputation

and

AHRC NYC's

exclusion from

the Medicaid program

# Disciplinary Actions for non-compliant or non-ethical behavior:

All agents of AHRC NYC (Board members, staff, interns, volunteers, and contractors) are expected to model behavior and practices consistent with all applicable regulatory and legal requirements and adhere to all AHRC NYC Compliance program policies and procedures including prompt notifications of non-compliant behavior.

Failure to adhere to AHRC NYC's Compliance program and demonstrate compliant and ethical behavior may lead to disciplinary action ranging from a verbal or written warning to immediate termination.

AHRC NYC will ensure that its disciplinary standards are applied fairly and consistently across the agency.

# The Federal Government wants you to:

## Avoid conflicts of interest

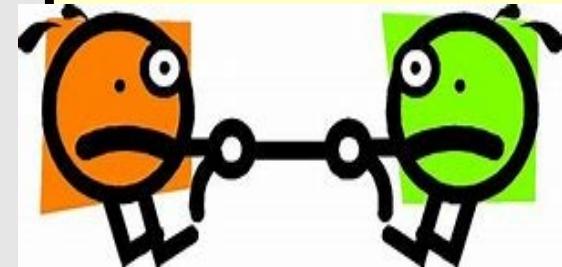
Family and Friends vs. AHRC NYC

Outside Business Interests and Job Duties vs. AHRC NYC

External Boards, Committees, and/or Politics vs. AHRC NYC

Accepting and giving gifts to the detriment of AHRC NYC

Personal financial gains at the expense of AHRC NYC



## Avoid the appearance of crossing the line

You didn't have to intend to commit fraud to be found guilty of committing fraud.

# AHRC NYC can be audited by:

**The Federal Government** (ex. Office of Medicaid Inspector General, OMIG, who sets and enforces compliance requirements)

**New York State** (ex. Office for People With Developmental Disabilities, OPWDD)

**New York City** (ex. New York City Department of Health and Mental Hygiene, NYC DOHMH)

AHRC NYC

Corporate Compliance Department

Reviewing your own work makes you your own auditor

# You are doing your job if:

 you accurately & contemporaneously document ONLY services that **YOU** provided. Never document services provided by another person.

 follow procedure, then make suggestions.

 ask questions when in doubt.

 participate in annual required trainings and corporate compliance week.

 Respect whistleblower, anti-intimidation, and anti-retaliation protections.

# Whistle blowers are protected

If you blow the whistle in “good faith” –

- **AHRC cannot retaliate**

i.e. alter schedule, location, position level

If you blow the whistle –

- **You may be entitled to a % of the \$ involved**

If you blow the whistle –

- **You are deserving of**



# Non-Retaliation and Non-Intimidation:

**Good faith** participation or reporting includes, but is not limited to:

- reporting actual or potential issues or concerns
- cooperating or participating in the investigation of such matters
- assisting with or participating in self-evaluations, audits and/or remedial actions; and reporting to appropriate officials as provided in New York State Labor Law

## Intimidation

Including but not limited to any act to manipulate a person or intentionally cause feelings of fear or inadequacy subsequently deterring that person from reporting breach of the law.

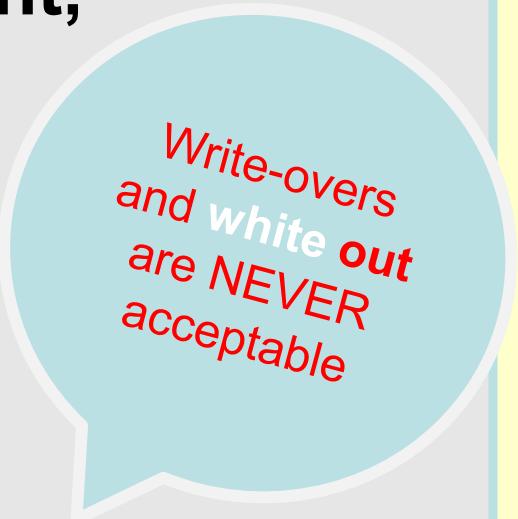
## Retaliation

any adverse action against the individual because of the individual's good faith report of a compliance concern or participation in a compliance investigation.

# Making corrections

## To correct a mistake on a document,

1. Draw a single line through the error  
ex. 1. ~~Norma Jean Baker~~
2. make the correction  
ex. 2. Marilyn Monroe
3. initial the correction  
ex. 3. Marilyn Monroe<sup>MM</sup>
4. add the full date you made and initialed the correction  
ex. 4. ~~Norma Jean Baker~~ Marilyn Monroe<sup>MM07/02/2019</sup>



Write-overs  
and white out  
are NEVER  
acceptable

If your full signature does not appear somewhere on the document, you must also sign the document.

# Signature Requirements for Documents

- **All Paper Documents Created Outside of an Approved Electronic Health Record Must Contain an Ink Dated Signature**  
Pre-typed signatures & pre-typed date next to the signature are not permitted
- **Permissible Electronic Signatures:**  
Only certified and authenticated signatures are acceptable, such as:
  - DocuSign
  - Authenticated Adobe accounts
  - Signatures completed in our EHR platforms, including:
    - eVero
    - Evolv
    - CX360
    - CampDocs
    - ContinuLink
- **Reminder:** It is critical for all personnel to adhere to these compliance standards when completing all service documentation.

# Reporting on Non-Compliant Behavior, Compliance Concerns, or Issues

All agents of AHRC NYC (Board of Directors, staff, contractors, volunteers, and interns) have an obligation to report any instances of non-compliant behavior, issues or concerns.

All compliance reports are treated as confidential as permissible by law and are transmitted directly to the Chief Compliance Officer or designee for review and follow up. All confidential reports are handled with the utmost care to ensure that necessary corrective action is achieved.

You may submit your report anonymously.

Compliance reports can be made either through the:

- **Compliance hotline:** [212-780-4485](tel:212-780-4485)
- ***Compliance Violation Report* form online:**  
[\(https://www.ahrcnyc.org/compliance-practices/submit-a-compliance-violation-report/\)](https://www.ahrcnyc.org/compliance-practices/submit-a-compliance-violation-report/)

# Compliance Contact



**Dr. Sandra Moody,**

**Vice President of Corporate Compliance**

**Chief Compliance Officer**

**(212) 780-2559/[sandra.moody@ahrcnyc.org](mailto:sandra.moody@ahrcnyc.org)**



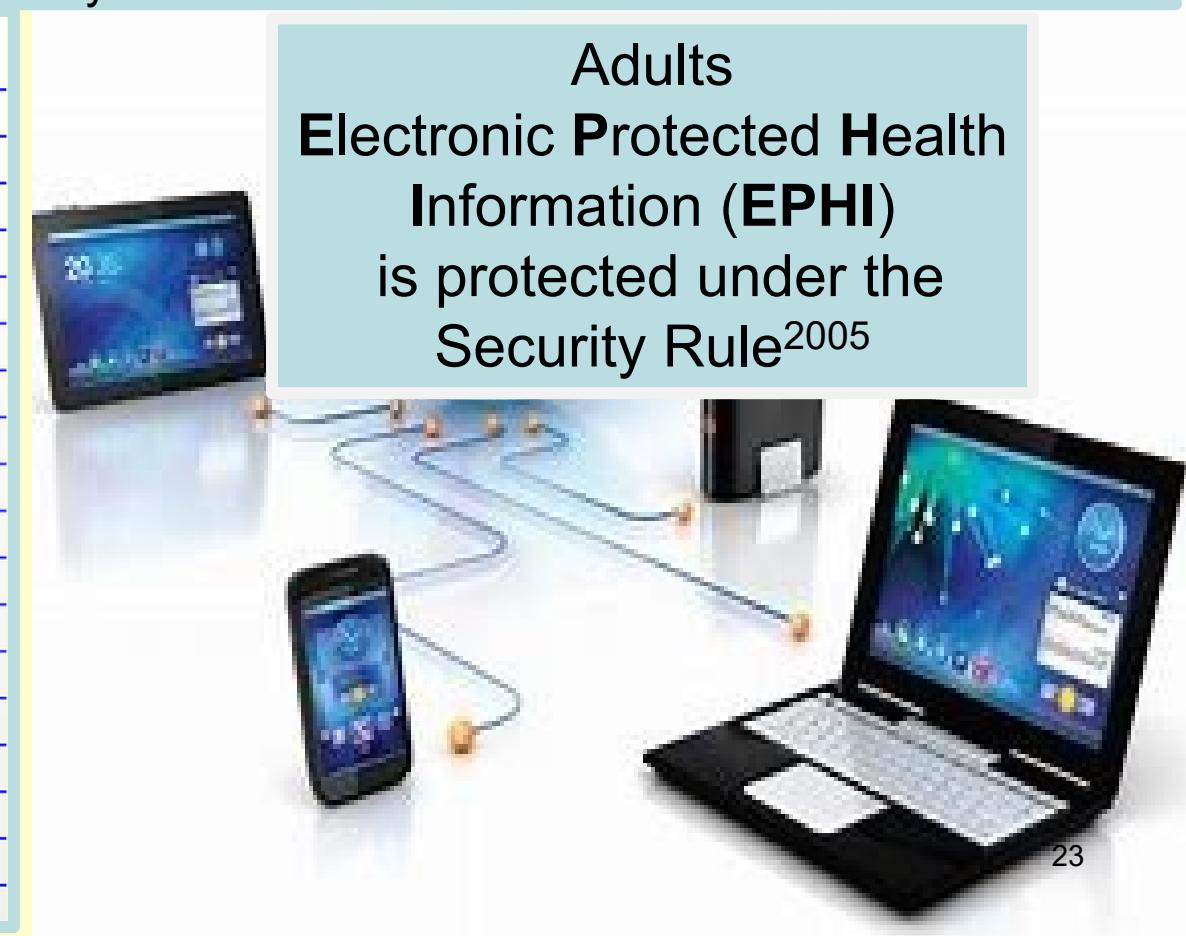
**Health Insurance Portability and Accountability Act  
(HIPAA),**  
**keeping your Protected Health Information  
(PHI) safe.**

HIPAA protects PHI with the Privacy Rule<sup>2003</sup> and the Security Rule<sup>2005</sup>

**PHI**, are identifiers, including but not limited to names, dates of birth, physical and email addresses, social security numbers, photos, diagnoses, program enrollments, evaluations, program documentation, and payment methods.

**Minimum necessary PHI** is the least amount of information needed and seen by only those who need.

Adults  
PHI  
kept on paper  
is protected  
under the  
Privacy  
Rule<sup>2003</sup>



# Releasing PHI

A specific **HIPAA Release** form must be completed and authorized before **PHI** can be released **except** when information is needed to carry out treatment, payment, or operations.

HIPAA Releases and other forms can be located on the AHRCNYC portal under the *Compliance* tab ([home.ahrcnyc.org - /Compliance Department/HIPAA and FERPA/](http://home.ahrcnyc.org - /Compliance Department/HIPAA and FERPA/))

# Students are protected under FERPA

Paper  
PHI

Family and

Educational

Rights

Privacy

Act



**E**lectronic **PHI**  
**E**lectronic  
**F**amily and  
**E**ducational  
**R**ights  
**P**rivacy  
**A**ct

**Student Educational Records &  
Protected Health Information are kept secure**

# HIPAA summary

## Privacy Rule<sup>2003</sup> practices

 PHI disclosed only as permitted by law (treatment, payment or operations) or person supported/personal representative.

 Privacy officer = Catheryn Monier

 Notice of Privacy Practices  
 Paper only

PHI mishandled = Privacy Breach

## Security Rule<sup>2005</sup> practices

 PHI disclosed as only as permitted by law (treatment, payment or operations) or person supported/personal representative.

 Security officer = John DeFreitas

Electronic only  
EPHI mishandled = Security Breach

# Protected Health Information Best Practices

## PHI:



conversations are held in private.



is shredded.



is picked up immediately from copiers & fax machines.



is accessed and copied as required by your position.



is kept with you, not in common areas.



is distributed as endorsed in signed consent forms.



is faxed after verifying recipient, fax # & receipt.

# eHIPAA/eFERPA Best Practices

**Position monitors for privacy.**

**Log off when away from your desk and when leaving for the day.**

**Use the approved agency encryption procedure  
(word **CONFIDENTIAL** in the subject line of the email)**

**Screen shot suspicious email and send to IT**

**Double check that only intended email recipients are present and that their email address is correct.**

**Contact IT asap if electronic equipment is lost, stolen or in need of disposal.**

**Do not click on web links included in mails unless you're expecting it especially those that encourage documents or messages retrieval.**

# More eHIPAA/eFERPA Best Practices

- ✓ Do not respond to unsolicited emails, text or phone calls requesting sensitive or confidential information
- ✓ Do not use your AHRC NYC network password on any external services such as Facebook, LinkedIn, Twitter, online shopping, etc.
- ✓ Do not respond to emails requesting your username and/or password instead, report such incident immediately to [SecOps@ahrcnyc.org](mailto:SecOps@ahrcnyc.org)
- ✓ Do not use your personal email, Text, WhatsApp or FB Messenger for conducting AHRC business especially communications containing PHI or PII data – this would be a violation of AHRC policy
- ✓ Be aware of possible impersonation email attempts that are easily identified by validating the sender's email address and not the displayed name
- ✓ Avoid accessing AHRC systems via public kiosks
- ✓ Save files to your designated SharePoint site and not to non-AHRC NYC issued USB or local drives
- ✓ Use complex passwords that are long but easy to remember e.g.“I love steaks” could equal: 1 L0ve \$te@k\$ (yes, spaces are allowed in passwords)
- ✓ When in doubt contact [SecOps@ahrcnyc.org](mailto:SecOps@ahrcnyc.org)

# HIPAA's newest piece

Systems such as Cx360 and Evolv store  
**PHI** and fall under the  
**Health Information Technology**  
for **Economic and Clinical Health Act<sup>2009</sup>**

HIPAA and AHRC NYC  
will continue to evolve.

# Stop Hacks and Improve Electronic Data Security Act ("SHIELD Act")

While HIPAA protects the PHI of those receiving services from AHRC NYC, the SHIELD Act (which became effective 03/21/2020) broadens the definition of what is considered PHI (as defined below) and its protections are extended, but not limited to, AHRCNYC employees, contractors, interns, and business associates.

- **Broadening the Definition of "Private Information."**
  - include biometric information and username/email address in combination with a password or security questions and answers. It also includes an account number or credit/debit card number, even without a security code, access code, or password if the account could be accessed without such information.
- **Expanding the Definition of "Breach."**
  - unauthorized "access" of computerized data that compromises the security, confidentiality, or integrity of private information, and it provides sample indicators of access. Previously, a breach was defined only as unauthorized acquisition of computerized data.
- **Expanding the Territorial Scope.**
  - now any person or business that owns or licenses private information of a New York resident. Previously, the law was limited to those that conduct business in New York.
- **Imposing Data Security Requirements.**
  - requires companies to adopt reasonable safeguards to protect the security, confidentiality, and integrity of private information. A company should implement a data security program containing specific measures, including risk assessments, employee training, vendor contracts, and timely data disposal.

# AHRC NYC's Best Practices



**If you think there may be a compliance issue, have a conversation with your supervisor or Dr. Sandra Moody, VP of Corporate Compliance/Chief Compliance Officer.**

